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|  | The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control | <i>Policy Number</i> | IFC023 | |
| | | <i>Effective Date</i> | 06/01/2011 | |
| | | <i>Approval Date</i> | 05/31/2011 | |
| | <i>Subject</i> | Infection Control and Prevention: Standard and Isolation Precautions | <i>Page</i> | 1 of 10 |
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Keywords: standard precautions, hand hygiene, personal protective equipment, PPE, isolation, precautions, organism spread, transmission, exposure, prevention, scabies, transportation, outpatient, isolation codes, isolation chart


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I. OBJECTIVES

- A. To promote the use of Standard Precautions in accordance with the federal Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards.
- B. To reduce the risk of transmission of microorganisms from both recognized and unrecognized sources in the hospital.
- C. To prevent the exposure of patients, visitors and healthcare workers to communicable or infectious diseases.

II. INDICATIONS FOR USE

It is the policy of the Johns Hopkins Hospital (JHH) to prevent and control infections through the use of hand hygiene, standard precautions and isolation precautions.


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III. DEFINITIONS

| | |
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| Standard Precautions | Standard Precautions require that blood, all body fluids (except sweat), secretions and excretions, mucous membranes and non-intact skin of all patients be treated as potentially infectious. |
| Contact Precautions (Magenta Sign) | Contact Precautions are used for patients who are suspected or known to be colonized or infected with organisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact with environmental surfaces or patient-care items in the patient's environment. This isolation category requires the use of gloves and gown to enter the room regardless of patient contact. |
| Droplet Precautions (Orange Sign) | Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets larger than 5 µm in size) that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures involving the respiratory tract. Microorganisms can be acquired by direct contact, by contact with droplets over distances of 6 feet, as well as by contact with objects recently contaminated with respiratory secretions. This isolation requires gown and gloves to enter the room and a mask with eye protection if within 6 feet of the patient. |
| Airborne Precautions (Blue Sign) | Airborne Precautions are used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei [small-particle residue (5 µm or smaller in size)] of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance]. This isolation requires a respirator (Powered Air Purifying Respirator (PAPR) or fit-tested N95) to enter the room. |
| Maximum Precautions (Red Sign) | Maximum Precautions are used to prevent the transmission of organisms that are highly drug resistant (i.e. Vancomycin resistant/intermediately resistant <i>S. aureus</i>). Organisms that require this category of precautions will be defined by HEIC on an as-needed basis. |
| Eye protection | Face shield, goggles, visor or glasses with solid side shields, or chin-length face shields |

IV. RESPONSIBILITY


- A. JHH/JHU Staff shall:
1. Perform hand hygiene per the [IFC001 Hand Hygiene Policy](#).
 2. Follow the policies set forth in the policy "[Infection Control Management of Personnel](#)" (IFC002).
 3. Follow the policies set forth in the policy "[The Infection Control Management of Exposures of Patient and Personnel to Selected Communicable Diseases](#)" (IFC012).
 4. Cover minor cuts or abrasions in exposed areas, if having direct patient care, with a bandage or liquid bandage and wear gloves for patient contact. Occupational Health Services (OHS) must see and evaluate draining skin lesions.

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5. Call STIX at 5-STIX if occupationally exposed to blood or hazardous body fluids.
 6. Not have food and/or drink present or stored in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials. Food and/or drink shall not be present or stored in the restricted and semi-restricted areas of surgical and procedure areas. This specifically applies to, but is not limited to operating rooms, endoscopy suite, microbiology laboratory and utility rooms.
 7. Not place food or drink in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
 8. Follow Standard Precautions and the requirements of each category of isolation precautions and ensure patient confidentiality.
- B. Authorized Prescriber/Registered Nurse
1. Initiate isolation precautions based on known or suspected diseases as detailed in Appendix B and Appendix D.
 2. Notify HEIC as indicated for known or suspected organisms listed in Appendix D.
 3. Educate the patient/designated representative and visitors regarding isolation precaution specifics.
 4. Remove/discontinue isolation **ONLY** after the appropriate criteria as delineated in the Procedures Section V-14 "Discontinuing Isolation" (a), (b) and (c) are met.
- C. Registered Nurse
1. Report isolation information at change of shift or transfer report to receiving nurse.
- D. Supervisor/ Managers/ All Departments
1. Ensure employee, resident, fellow and faculty compliance with this policy.
- E. Department of Hospital Epidemiology Infection Control
1. Consult with nursing, medical and other staff to initiate isolation/precautions and assist with measures to discontinue isolation.
 2. Notify the units of patients on isolation (using isolation logs or paging the Charge nurses).
 3. Discontinue isolation status as deemed appropriate.
 4. Educate employees and practitioners who have questions about the policy and its operations.
 5. May change isolation requirements as necessary to maintain safe hospital operations.
- F. Health, Safety, and Environment
1. Maintain portable HEPA units and PAPR's and assist with questions concerning their use, operation, and repair.
 2. Assure the units are equipped with HEPA units and PAPRs.
 3. Educate employees about the appropriate use of and cleaning of PAPRs.
 4. Shall "fit" test all direct patient care staff. for a N-95 respirator.
 5. Maintain a database of fit-tested staff to ensure annual fit-testing requirements are met.
- G. Department of Emergency Medicine, Medicine and Pediatrics
1. Implement appropriate isolation protocols as they are identified.
- H. Central Supply Department
1. Distribute isolation carts, PAPRs, portable HEPA units and N95 respirators and maintain adequate supplies.

V. PROCEDURE


- A. Standard Precautions

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1. All employees must follow Standard Precautions. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources in the hospital. Specifically Standard Precautions means putting a barrier between the healthcare worker and the blood or body fluids of any patient (i.e. wearing gloves, gown, fluidshield mask with eye protection).
 - a. Standard Precautions applies to all patients regardless of their diagnosis.
2. Standard Precautions shall be implemented when contact with any of the following are anticipated:
 - a. Blood
3. All body fluids, secretions and excretions, with the exception of sweat
4. Non-intact skin (this includes rashes)
5. Mucous membranes
6. Standard Precautions requires:
 - a. Hand hygiene with either waterless hand sanitizer or soap and water upon entering and leaving a patient room or environment (the room or environment is defined as: private or semi-private room, all other patient rooms/areas with curtains, ORs/Procedure rooms), before and after patient contact (if patient is not in room and in wheelchair, stretcher etc.), between patient contacts, before donning and after removing gloves, before moving to a clean body site from a contaminated body site during patient care, before and after handling an invasive device (e.g. peripheral vascular catheter etc.), after contact with body fluids or excretions, mucous membranes, non-intact skin or wound dressings or items contaminated with these body fluids, before handling food or oral medications and any time as needed such as after sneezing or coughing, using rest room etc. [See IFC 001 Hand Hygiene Policy.](#)
 - b. Use only JHH approved soap or waterless hand sanitizer.
 - c. Gloves: clean gloves must be worn when touching blood, body fluids, excretions, secretions and contaminated items and when performing venipuncture and other vascular procedures.
 - d. Mask with eye protection or face shield: must be worn during procedures or patient care activities that are expected to generate splashes or sprays of blood, body fluids, secretions and excretions. For example, suctioning, irrigating a wound, nebulizer treatments, performing certain laboratory tests, etc.
 - e. Gown: must be worn to protect skin and to prevent soiling of clothing during procedures or patient care activities that are high risk and the potential for splashes or sprays of blood, body fluid, secretions and excretions are expected.
 - f. Patient care equipment: must be cleaned according to protocol with hospital-approved disinfectant before being used for another patient. Any patient care equipment that is sent from any department for repairs or service must be cleaned with hospital-approved disinfectant prior to sending it out.
 - g. Linen: soiled with blood or body fluid must be handled in a manner that prevents skin or mucous membrane exposure or contamination of the healthcare worker's clothing or the patient's environment. All soiled linen must be contained at point of use.
- B. Isolation Precautions - In addition to standard precautions, JHH currently has four categories of isolation precautions (Contact Precautions, Droplet Precautions, Airborne Precautions, and Maximum Precautions). The major elements of these isolation precautions are presented in table format (see Appendix A: Standard Precautions & Required Elements of JHH Isolation/Precautions Categories and Appendix E: Detailed description of Isolation Precautions).
 1. Patient Placement
 - a. Appropriate patient placement is a significant component of isolation precautions.

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- b. A private room is preferred because it is important to prevent direct or indirect contact transmission when the source patient has poor hygienic habits, contaminates the environment, or cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms (i.e., infants, children, and patients with altered mental status).
 - c. When possible, a patient with highly transmissible or epidemiologically important microorganisms shall be placed in a private room with hand washing and toilet facilities, to reduce opportunities for transmission of microorganisms.
 - d. A private room is required for certain organisms (see Appendix A).
 - e. Patients colonized or infected with like organisms and no other organisms that require isolation may share a room.
 - f. When requirements specified in B.1.a-e above cannot be met, HEIC shall be consulted for guidance.
2. Sign, Chart Tape, and Isolation Cart
 - a. Place appropriate isolation precautions sign on the door to the patient's room. More than one sign may be indicated.
 - b. Place appropriate precautions tape on the front of the patient's chart.
 - c. Place an isolation cart outside the room (one cart per room) unless appropriate storage is available in the anteroom.
3. Gloves and Hand Hygiene
 - a. Washing hands or using a waterless hand sanitizer is the single most important component of infection prevention and control in isolation precautions. Perform hand hygiene as promptly and thoroughly as possible upon entering and leaving a patient's room or environment, between patient contacts and after contact with blood, bodily fluids, secretions, excretions, and equipment or articles contaminated by them. In addition to hand hygiene, gloves play an important role in reducing the risks of transmission of microorganisms. (see [Hand Hygiene policy IFC001](#))
 - b. Waterless hand sanitizer containers shall be available in appropriate clinical areas and outside every patient room, clinic room and in procedure areas.
 - c. Perform hand hygiene before wearing gloves (clean, non sterile). Wear gloves to enter the room of a patient on contact and/or droplet precautions.
 - d. Change gloves and perform hand hygiene after having contact with infective material (e.g., fecal material or wound drainage).
 - e. Change gloves and perform hand hygiene between contaminated sites on the same patient.
 - f. Wearing gloves does not replace the need for hand washing, because gloves may have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves.
 - g. Before leaving room remove gloves and discard.
 - h. Wash hands immediately or use waterless hand sanitizer.
 - i. After glove removal, ensure that hands do not touch potentially contaminated surfaces or items in the room.
 - j. Failure to change gloves between patient contacts is an infection control hazard.
4. Gown


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- a. Gowns are worn during the care of patients colonized or infected with epidemiologically recognized microorganisms to reduce the opportunity for transmission of pathogens from patients or items in their environment to other patients or environments.
 - b. Wear a gown (clean, non sterile) to enter a room of a patient on contact precautions and/or droplet precautions (or if the patient is not in a room don a gown as you approach the patient's environment).
 - c. The gown shall be removed before leaving the patient's room or environment and disposed of in the trash. Perform hand hygiene upon leaving the patient's room or environment.
 - d. Gowns shall be single use. Do not reuse.
5. Mask, Respirator & Eye Protection (visor/faceshield/goggles/N95 respirator/PAPR)
 - a. OSHA mandates wearing of masks with eye protection or face shields when splashing or splattering of blood or body fluids is anticipated to reduce the risk of exposures to bloodborne pathogens.
 - b. Hospital employees and personnel must wear a mask with eye protection to protect against spread of infectious large-particle droplets that are transmitted by close contact and generally travel only short distances (up to 6 ft) from infected patients who are coughing or sneezing.
 - c. Mask with eye protection shall be worn during bronchoscopy and endoscopy, as well as when performing lumbar punctures or any procedure where the epidural space is accessed.
 - d. Either Powered Air Purifying Respirator (PAPR) or fit-tested N95 respirator mask is required for healthcare workers caring for patients in Airborne Precautions for rule-out or known Tuberculosis patient, etc.
 6. Equipment/Supplies
 - a. Non-critical patient care equipment shall be dedicated to a single patient in isolation precautions.
 - b. All disposable supplies or items that cannot be cleaned or are left in the room including packaged sterile supplies shall be discarded when patient is discharged from the room.
 - c. All other equipment that cannot be dedicated to a single patient shall be thoroughly cleaned and disinfected immediately after use on a patient on isolation precautions. [See IFC 014 Cleaning and Disinfection Policy](#)
 7. Linen
 - a. Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments.
 - b. Linen shall be placed in a single bag in the room.
 8. Dishes, Glasses, Cups, Eating Utensils, and Medication
 - a. No special precautions are needed for dishes, glasses, cups, or eating utensils. Disposable meal trays are not necessary. The combination of hot water and detergents used in hospital dishwashers is sufficient to decontaminate dishes, glasses, cups, and eating utensils.
 - b. Any medications/IV solutions, tube feedings or baby formula taken into an isolation room that are not used shall be discarded when patient is discharged (do not return medications/IV solutions to pharmacy or baby formula to pantry)
 9. Isolation Precautions for Ambulating Inpatients (See Appendix K).
- C. Transportation of Patients
 1. Limit the movement and transport of patients infected or colonized with virulent or epidemiologically recognized microorganisms. Ensure that such patients leave their rooms for essential purposes only.

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Whenever feasible the patient's procedure shall be done in patient's room. If the procedure cannot be done in the patient's room, then it is preferred that the patient's procedure be scheduled at the end of the day (See IFC023 Appendix A). This reduces opportunities for transmission of microorganisms.

- a. When patient transport is necessary:
 - b. Healthcare workers shall follow personal protective equipment (PPE) protocol. (See Appendix G, Transport of Isolation Patients)
 - c. Prior to transport the patient shall have on clean patient gown.
 - d. Clean linens shall be placed on the stretcher or wheelchair.
 - e. Patients with draining wounds shall have on clean dressings.
 - f. Patients on droplet or airborne precautions shall have on a mask.
 - g. Personnel in the receiving area shall be notified of the isolation status of the patient prior to transport.
 - h. Isolation status shall be written on the patient's transportation ticket, if applicable.
 - i. Transport equipment (i.e. wheelchair, stretcher) shall be thoroughly cleaned with hospital approved disinfectant wipe, CaviWipe etc. after patient transport.
- D. Visitors of Inpatients on Isolation Precautions
1. Visitors of patients in airborne isolation for suspected pulmonary M. tuberculosis shall be limited to immediate adult household members who have had recent contact with the patient. Visitors shall wear a N95 respirator while in the patient's room. Visitors are not fit-tested for the N95, however, healthcare staff shall demonstrate how to wear the N95. These visitors shall also be referred to the Baltimore City Health department for PPD and TB evaluation. [See Tuberculosis \(TB\) Prevention and Control Policy, \(IFC013\)](#).
 2. Visitors shall be instructed to wear the appropriate personal protective equipment indicated on the isolation sign on the patient's door and clean their hands upon entering the patient's door and when leaving.
- E. Cleaning
1. Isolation rooms shall be cleaned daily and upon patient discharge. [See IFC 014 Cleaning and Disinfection Policy](#)
 2. Daily Cleaning requires:
 - a. Thorough cleaning and adequate disinfection of bedside equipment and environmental surfaces (e.g., bedrails, bedside tables, carts, commodes, doorknobs, faucet handles, light switches, call button etc.).
 - b. Use of appropriate cleaning products (See [IFC014 Cleaning and Disinfection policy](#)).
 - c. An accelerated hydrogen peroxide cleaning and disinfecting product shall be used for daily cleaning of a *Clostridium difficile* (C diff) positive patient room.
 - d. Upon discharge of the patient, all isolation signs shall remain on the door until room cleaning has been completed.
 - e. Upon patient discharge, all isolation rooms shall be thoroughly cleaned. Wipe all touch surfaces in the room including bed, bedside table, carts, commodes, door knobs, faucet handles, telephone, IV poles, light switch, call button etc. Wet mop/ disinfect floors. Clean walls if visibly soiled. Change patient privacy curtains for all isolation rooms except airborne precaution rooms. Send curtains, linens, and other durable items to the laundry.
 - f. Upon patient discharge, an accelerated hydrogen peroxide cleaning and disinfecting product shall be used when cleaning a *Clostridium difficile* (C diff) positive patient room.
 - g. If more than one isolation class is required, the highest level shall apply.
- F. Readmission to the facility (Flagging system: See Appendix F)

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- G. Patients with epidemiologically significant multi-drug resistant organisms (MDROs) shall be isolated on admission or re-admission to JHH.
- H. Isolation in special procedure areas
 - 1. Special procedure areas (e.g., PACU, Endoscopy, etc.) shall utilize isolation requirements in the patient's immediate environment.
- I. Operating Rooms (OR)
 - 1. All ORs shall notify recovery areas of isolation status to allow for appropriate placement and handling of patients.
 - 2. OR cleaning is not different for patients on isolation precautions, except as indicated in Precautions for Patients with Prion Associated Diseases policy ([See IFC032 Prion Policy](#)).
 - 3. When patient is on Contact or Droplet Precautions, OR staff shall wear gloves and gown when it is anticipated that staff member's hands and clothing shall have contact with isolation patient or patient's environment. Patient environment is defined as, but not limited to, tubes, drains, EKG wires, bed, linens, lines, ventilator etc.
 - 4. OR staff shall wear a mask with eye protection if within six feet of a patient who is on Droplet Precautions.
- J. Discontinuing Isolation
 - 1. Isolation of patients with known or suspected organisms with durations delineated in Appendix B may be discontinued after meeting specified requirements without specific approval from HEIC.
 - 2. Isolation shall not be removed for organisms with multiple drug resistance (e.g. VRE, MRSA, ESBL, MDR Acinetobacter, *Mycobacterium tuberculosis* (Mtb), Carbapenemase Producing Gram Negative Organisms (KPC)) until consultation with and approval from HEIC.
 - 3. Call HEIC (5-8384) with questions regarding the removal of isolation precautions.


VI. REPORTABLE CONDITIONS

- A. Reportable Diseases: The physician responsible for the patient MUST report "Reportable Diseases" to the local health department [Baltimore City Health Department (BCHD)]. Some diseases require notification by mail; others by phone (410) 396-4454 (see [IFC003 Reportable Diseases and Conditions policy](#)). HEIC staff shall report known clusters of disease and cases infected with agents potentially associated with bioterrorism.

VII. EDUCATION AND COMMUNICATION

This policy will be communicated to the appropriate JHH personnel via the following channels:

- 1. Information within this policy shall also be included in general hospital orientation materials.
- 2. Nursing education will be provided through nursing orientation materials and annual updates.
- 3. Medical staff news updates and new employee orientation for physicians.
- 4. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site www.insidehopkinsmedicine.org/hpo . Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
- 5. Placement of policy online at www.hopkins-HEIC.org.

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VIII. SUPPORTIVE INFORMATION

See Also:


The Johns Hopkins Hospital, Interdisciplinary Clinical Practice Manual and HEIC website

- [IFC001 Hand Hygiene](#)
- [IFC002 Infection Control Policy for the Prevention and Control of Communicable Diseases](#)
- [IFC003 Reportable Diseases and Conditions](#)
- [IFC012 The Infection Control Management of Exposures of Patients and Personnel to Selected Communicable Diseases](#)
- [IFC013 Tuberculosis \(TB\) Prevention and Control](#)
- [IFC014 Cleaning and Disinfection Policy](#)
- [IFC022 Respiratory Viruses](#)
- [IFC032 Precautions For Patients With Prion Associated Diseases](#)

The Johns Hopkins Hospital, Corporate and Administrative Manual

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- Center for Disease Control and Prevention, 2007 Guidelines for Isolation Precautions Preventing Transmission of Infectious Agents in Healthcare Setting.

Sponsor:

- Medical Care Evaluation Committee

Developer:

- Hospital Epidemiology and Infection Control

Review Cycle - Three (3) years

Medical Board - Approval Date: 5/31/11; Effective Date: 6/1/11

Vice President for Nursing & Patient Services

Vice President for Medical Affairs

Date: _____

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